## As a beaw named

## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

a below named inventor, I hereby declare:

is attached to this Declaration, Power of Attorney and Power to Inspect;

the specification of which [check one(s) applicable]

and was amended by Amendment filed

x was filed April 14, 2004

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: ALPHA-HEMOGLOBIN STABILIZING PROTEIN TRANSGENIC MOUSE AND METHODS OF USE THEREOF

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred

as U.S. Application No. 10/824,448

to above, and	
that I acknowledge my duty to disclose information which is $[37CFR\S1.56(a)].$	s material to the examination of this application in accordance with Rule 56(a)
CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:	
	Filing Date
	<u>Day/Mo/Year</u> 14 April 2003
· · · · · · · · · · · · · · · · · · ·	12 June 2003
POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Kathleen D. Rigaut, Ph.D., J.D. Reg. No. 43,047, Patrick J. Hagan, Esq., Reg. No. 27,643	
<b>POWER TO INSPECT:</b> I hereby give <b>DANN</b> , <b>DORFMAN</b> , <b>HERRELL AND</b> to inspect and obtain copies of the papers on file relating to this application.	<b>DSKILLMAN, P.C.</b> of Philadelphia, PA or its duly accredited representatives power ion.
SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.  DIRECT INQUIRIES TO: Kathleen D. Rigaut, Ph.D., J.D. Telephone: (215) 563-4100 Facsim	nile: (215) 563-4044
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
SOLE OR FIRST JOINT INVENTOR	SECOND JOINT INVENTOR (IF ANY)
Full Name Mitchell Weiss First Middle Last	Full Name <u>Gerd</u> Blobel First Middle Last
Signature M W	Signature La Roman
Date PORT 2009	Date
Residence Wywwwood Pp City State or Country	Residence Nevis VA 19866 City State or Country
Citizenship	Citizenship <u>German</u>
Post Office Address: 32 Greehill Lawe	Post Office Address: 509 Mouroe Rd
Jynnewood PA City State or Country Zip Code	Merion PA 19066 City State or Country Zip Code
State of Country Zip Code	State of Country 21p code

U.S. Patent Application No. 10/824 , 448 Attorney Docket No. CHOP.  $0189 \dot{\text{US}}$ 

THIRD JOINT INVENTOR (IF ANY)	FOURTH JOINT INVENTOR (IF ANY)
Full Name Yi Kong First Middle Last	Full NameFirst Middle Last
Signature V	Signature
Date5/13/04	Date
Residence Phila. PA State or Country	ResidenceCity State or Country
Citizenship P.R. China	Citizenship
Post Office Address: Rm3156, ARC, CHOP	Post Office Address:
Phila. PA 19104 City State or Country Zip Code	City State or Country 7in Code